

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400142037

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10071 4. Contact Name: Valerie Walker
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8531
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

5. API Number 05-045-19619-00 6. County: GARFIELD
7. Well Name: GGU Swanson Well Number: 33C-29-691
8. Location: QtrQtr: NWSE Section: 29 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>ROLLINS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/11/2011</u>	Date of First Production this formation: <u>02/26/2011</u>
Perforations Top: <u>6998</u> Bottom: <u>7108</u>	No. Holes: <u>12</u> Hole size: <u>0.3</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Treated with Williams Fork, see Williams Fork treatment</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>03/08/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>38</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>38</u> Bbls H2O: <u>0</u> GOR: <u> </u>	
Test Method: <u>flowing</u> Casing PSI: <u>1390</u> Tubing PSI: <u>900</u> Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1205</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>5879</u> Tbg setting date: <u>03/01/2011</u> Packer Depth: <u> </u>	
Reason for Non-Production: <u> </u>	
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>	
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>	

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 02/11/2011 Date of First Production this formation: 02/26/2011

Perforations Top: 4649 Bottom: 6975 No. Holes: 208 Hole size: 0.3

Provide a brief summary of the formation treatment: Open Hole: ☐

144,200 Lbs CRC Sand, 1,365,395 Lbs White Sand, 70,901 bbls Slick water

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 02/11/2011 Hours: 24 Bbls oil: 16 Mcf Gas: 725 Bbls H2O: 90

Calculated 24 hour rate: Bbls oil: 16 Mcf Gas: 725 Bbls H2O: 90 GOR: 45313

Test Method: Flowing Casing PSI: 1390 Tubing PSI: 900 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1205 API Gravity Oil: 60

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5879 Tbg setting date: 03/01/2011 Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

Williams Fork treatment dates 2/11/2011 thru 2/24/2011

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Valerie A. Walker

Title: Permit Analyst Date: 3/16/2011 Email vwalker@billbarrettcorp.com

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Attachment Check List

Att Doc Num	Name
400142037	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)